

Talbot County Drug and Alcohol Abuse Council
2016-2018 Plan
Drug and Alcohol Prevention, Intervention, and Treatment

Vision: A safe and drug free Talbot County

Mission: To reduce the incidence and prevalence of alcohol and drug abuse and its consequences to affected individuals, their families, and all Talbot County residents.

Talbot County is the fifth largest of the nine counties of Maryland's Eastern Shore. Established in the late 1600s, the County has seen slow and steady growth. The population growth has translated to economic and other related progress that shares the wealth and burden of people who live in this County. The same is true with the health and welfare of our citizens.

According to 2013 vital statistics reports, the population of Talbot County is estimated at 37, 931. Males constitute 47.6% (18,081) of the population and females constitute 52.3% (19,875). The racial demographics are as follows: Whites 79% (30,102); Blacks 13% (5,043), Hispanics 6%, and all other minority groups comprise 2%. The age composition include, children up to 19 years constitute 21% , adolescents and young adults from 20 to 64 constitute 53% and older adults from 65 years represent 26% of total population. Though the county is known for it's wealthy, there are pockets of the population living under poverty and unable to afford health insurance.

It is estimated that 12% of the total population do not have health insurance. In 2012, Talbot County's unemployment rate averaged 7.4%; above the state average of 6.8%. However, 7.7% of Talbot County residents lived below the poverty level, compared to 9% for Maryland. 12.7% of the county's population under the age 18 is living in poverty, compared to 11.5% for Maryland. The top five health problems that the county identified are cancer, obtaining affordable health care, diabetes, substance abuse, obesity, and heart disease (2013 needs assessment report). The 2011 Maryland Medicaid Hospital and Outpatient Visit Report indicates that an increasing percentage of young adults between the ages of 21 – 44 visit hospitals for issues related to substance abuse, hypertension, and diabetes.

Geographically, Talbot County is bounded by the Chesapeake Bay on the West, Queen Anne's County on the North and Dorchester County on the East. It is intersected by Route 50 which is the main thoroughfare between the Western Shore and the Ocean. This route is heavily travelled by vacationers heading to Ocean resorts. Residents of Talbot County use Route 50 to buy opioids in Baltimore and transport it back to the County for use and sale. It is believed that drugs are also transported into the County by boat, particularly into the Tilghman Island area. This area has a large problem with drug use and is cut off to a degree from the northern, more populated areas of the county.

The population residing in the mid-shore counties can also be transient within the area, moving between jurisdictions for services/resources/employment, etc. Residents also ebb and flow among other areas of our state, and surrounding states (i.e. Delaware). Services in the mid-shore area are spread out, and

there is a general lack of resources (including a lack of public transportation systems/infrastructure) for the population.

As reported in The Beacon Report according to the Maryland Department of Health and Mental Hygiene (DHMH), Eastern Shore communities tend to have fewer health care organizations and professionals, higher rates of chronic disease and mortality, and larger Medicare and Medicaid populations. The Shore counties suffer from substandard health and economic indicators, and do not always receive the same quality, effective, and equitable care as their suburban counterparts. While each county is unique, in the aggregate, Shore counties have a higher median age, and higher rates of unhealthy behavior (i.e. smoking and obesity) and chronic diseases than the State averages. DHMH estimates that the costs of caring for the Shore population will continue to increase, in part due to the Shore's geographic isolation and lack of the critical population mass necessary to sustain a variety of primary and specialty services. Given this background, the growing societal and economic burdens of dealing with illicit drug use and alcohol on the Shore could soon exceed the region's ability to shoulder them. The Beacon Report attempted to quantify these burdens as a way to inform the necessary regional dialog about this growing problem.

The Beacon Report indicated that the overall cost of alcohol and illicit drug use in the Eastern Shore counties in 2013 was a total of \$1.12 billion dollars. The total cost for Talbot County exceeded \$80 million dollars. The total cost of illicit drug use was \$62.47 million (Crime \$2.24 million, Health \$15.00 million, Productivity \$45.23 million). The county's societal costs of alcohol use totaled \$17.6 million (Health \$12.38 million, Productivity \$2.25 million and other related costs \$2.97 million).

In 2013, the total cost of illicit drug use on the Eastern Shore per capita was \$1,760. The cost per capita for Talbot County was \$1,650. The total cost of excessive alcohol consumption per capita on the Eastern Shore was \$541.09, for Talbot County it was \$464.09. The Societal cost per drink consumed for the Eastern Shore was \$1.09, for Talbot County it was \$.82.

Talbot County has high rates of substance abuse in both the youth and adult populations. Prevention efforts have shown that abuse by teens exists in part because our community culture accepts substance abuse and underage drinking as a "harmless" rite of passage.

Alcohol remains the number one drug abused by both youth and adults in the community. We are concerned with the high prevalence rate of binge drinking, particularly in the 18-30 year age range.

Our community, however, increasingly faces new risks from marijuana, heroin, and prescription drug abuse. Prescription drugs have become established as significant substances of abuse alongside illicit drugs among young adults. Prescription opioids are the second most commonly misused illegal drug after marijuana among persons aged 16 to 25 years old followed by cocaine, prescription tranquilizers, ecstasy, and prescription stimulants.

Talbot County has one liquor license for every 276 residents compared to the state average of one license for every 834 residents in 2013; Talbot's is one of the highest ratios of licenses per residents in the state (State of Maryland Alcohol Tax Annual Report, 2013).

Talbot County's alcohol consumption rate has remained consistently higher than the Maryland averages; Talbot's per capita wine consumption rate is more than twice the state per capita consumption rate. Talbot is also higher than the state averages for consumption of beer and distilled spirits (State of Maryland Alcohol and Tax Annual Reports, 2013).

Heroin abuse is on the rise in Talbot County as it is throughout the state. Reported use “ever in lifetime” (the YRBS did not ask a 30 day question for heroin) by 12th graders increased from 6% in 2007 to 8.5% in 2013. Among 10th graders use increased from 4% in 2007 to 7% in 2013. This gives Talbot a ranking of 5 out of 24 counties.

From 2008 to 2012, prescription opioid- and heroin-related hospitalizations among Talbot County residents increased from 0.9% to 2.0% while remaining lower than the average rate for Maryland.

The rates of opioid-related emergency department visits in Talbot more than doubled from 0.3% in 2008 to 0.7% in 2012 and surpassed the Maryland rates in 2011 and 2012 (Maryland Health Services Cost Review Commission).

Our local hospital, Shore Health-Memorial Hospital at Easton, reported that there were 272 opioid overdoses through their emergency departments on the Mid-Shore in the past 3 years.

There were 32 fatal drug and alcohol-related overdoses in Talbot County from 2007 to 2014. Of these deaths 24 were opioid-related and over half of these were in the last 3 years. Last year half of these involved fentanyl.

Between 2010 and 2014 clients reporting Heroin as their drug of choice has grown 927%. Users cut across all income levels. But for Talbot County most are young.

The following are our goals and objectives with action plans to achieve these objectives.

Goal 1: Reduce the incidence and prevalence of alcohol and other drug abuse and its consequences to affected individuals, their families, and all Talbot County residents

Objective 1: Utilize evidence-based environmental strategies to change societal acceptance, norms and expectations surrounding underage drinking and other drug abuse, to decrease access to alcohol and other drugs and provide consequences for illegal behavior. Some of the environmental strategies that will be used include; codifying sanctions for violations to the liquor code, enforcing over serving laws, strengthening social host laws, conducting compliance checks and saturation patrols, implementing social media and counter marketing campaigns, liquor board watch and advocating for or against relevant legislation.

Performance Target:

- Number of juvenile arrests for underage drinking and other drugs
- Improvement in data on the number of 6th, 8th, 10th, and 12th graders who use alcohol and other drugs
- Number of media campaigns
- Record of new laws or policies
- Number of activities with SAM-Maryland
- Number of drug disposal boxes and amount of usage
- Increase in number of agencies partnering to achieve goals

Objective 2: Retaining a Teen Court program and Coordinator to provide an alternative disposition for up to 60 juveniles per year who have committed a delinquent act, have committed a minor offense or have been charged with a misdemeanor, and are otherwise eligible for diversion. Also, expose youthful offenders to an educational and realistic experience in a courtroom environment.

Performance Target:

- A recidivism rate of less than 13%.
- Increase in percent of youth completing their sanctions.
- Maintaining or increasing percentage of parents surveyed who felt that their child learned a valuable lesson from participating in Teen Court.

Objective 3: Educate parents and the general public about the detrimental effects of alcohol and other drugs

Performance Target:

- Number of articles, editorials, public advertisements educating the public on the dangers of underage drinking and other drugs.
- Improvement in data on the number of 6th, 8th, 10th, and 12th graders who use alcohol and other drugs.
- Number of people trained on Narcan administration
- Number of education strategies on learning about the Good Samaritan law

Objective 4: Obtain updated statistics on substance abuse in Talbot County and outcomes of implemented strategies.

Performance Target:

- Annual surveys and evaluations

Objective 5: Decrease harmful involvement with alcohol, marijuana, prescription drugs and heroin, by referring youth for early intervention and treatment services.

Intervention services can either involve private programs such as those offered by Shore Health, or public services through the Health Department. These referrals, however, are dependent upon law enforcement, schools, parents and other interested parties understanding the problem, recognizing the symptoms, having laws and policies that allow for intervention and effective materials and training.

Performance Target:

- Number of youth referred for assessment and/or treatment services by the schools, DJS or parents. Each public middle and high school student assistance program receives booster training annually; families, health care providers, and other caring adults are coached in referring adolescents to treatment services.
- Youth are referred to the Teen Court program through the Department of Juvenile Services and to the Drug Court program through the District Court.
- Number of promotion strategies to encourage referrals (TurnAround brochures, media messages, etc)

Goal 2: Enhancement of Talbot Circuit Problem Solving Court (CPSC)

In June, 2010, the Circuit Court's Problem-Solving Program (the "Program") was approved by the state's Court of Appeals. The Program broadly targets certain offenders who are county residents and who have demonstrated substance abuse and/or serious mental health problems. The Program's mission is to promote public safety and to reduce the rate of recidivism by ensuring that offenders access available and appropriate treatment services, necessary social services, as well as education and employment placement services. One feature central to this mission is the enhanced supervision of the Program's participants by maintaining ongoing judicial interaction with each participant during the course of regular, periodic hearings, ensuring the participant remains accountable by applying appropriate, swift, and certain incentives or sanctions to match the participant's progress.

The Program's initial goal for the 2014-2016 period is the launch of the re-entry pilot program, which is currently refining its screening, assessment, and referral procedures. This program is designed to complement the existing problem-solving programs by providing a system of accountability and support services to certain offenders who are county residents and eligible for parole release. The program is intended to ensure a safer, more successful transition from incarceration to the community by applying a schedule of graduated sanctions and incentives to influence productive adjustment. The participants will gradually be re-integrated from dedicated corrections housing into the community. Once on supervised release, the participant will continue addiction and mental health therapy, as needed, and appear before the court for regular review hearings.

Objective 1: To enhance judicial oversight of certain eligible offenders to promote public safety and to ensure that available and appropriate treatment services, social services, as well as education and employment placement services are accessed, thereby increasing the potential for successful re-integration into the community.

Performance Target:

- Screen and assess participants for addictions and serious mental health problems, referring participants as needed to providers, managing participation, and ensuring compliance with recommendations. In FY2014, all candidates for participation were screened and assessed for addictions and serious mental health problems.
- Screen and assess participants for community support services, referring participants to needed services, managing participation, and ensuring compliance with recommendations. In FY2014, 105 referrals per participant during that period was 3.75
- Reentry screening, assessment, and referral procedures will be finalized during the summer of 2014.
- Begin planning to develop an Alumni Group that will potentially add support and mentorship to current participants.

Objective 2: To assure that youth before the Juvenile System and/or Court have access to appropriate Addictions and Mental Health services.

- A Memorandum of Understanding will be finalized with the Department of Juvenile Services, and a provider to be identified for no-fee services to youth before the Court.
- A program of services under this MOU continues in fiscal 2016.

- Increase access to timely assessment and referral for treatment services
- Ensure that ASAM levels of care are available for adolescents in the local community
 - Increase access to residential treatment services
- Enhance transitional aged youth population re-entry services and linkages with local community supports including peer support, recovery housing

Goal 3: Expand the outpatient program to engage and retain patients in treatment and recovery by identifying and enhancing services and supports that make it more likely that they will achieve and sustain their recovery.

Objective 1: Utilize the ROSC Change Team, a steering committee of professional and recovering people, as a resource to identify and assess barriers to recovery in Talbot County and develop a change plan that addresses areas of need.

Performance Targets

- Continue to maintain membership to include both professionals and recovering participants. Membership includes local public and private substance abuse providers, the local recovery center, Community Supervision, peer support specialists (both substance abuse and mental health), Department of Social Services, Health Department Care Coordinator, local Core Service Agency, substance abuse prevention coordinator, local Court System/Re-Entry Program, Public School System, Federally Qualified Health Center, Department of Juvenile Services, YMCA. (local recovery house organization, local shelter, Talbot Association of Clergy and Laity, local Sheriff, detention center volunteer for recovery services).

The newly elected Sheriff, the Director of a new outpatient clinic, the Director of a new Interfaith Shelter, the Director of the crisis response team, director of local shelter now participate with the ROSC Team to identify barriers, improve resources and coordination of care between providers and resources.

- Continue to prioritize needed recovery support services and incorporate into community planning to generate support for funding. Barriers and resources addressed by the ROSC Team include transportation, employment, food, shelter, recovery housing, insurance, medication assistance, detox, partial hospitalization and residential services, mental health and co-occurring services. Ongoing
- Identify other individuals in the community who may have valuable input in special projects and information to serve in an advisory capacity as needed. –ongoing
- Continue to evaluate training needs of the Change Team and seek training opportunities from OETAS or other sources to meet those needs as an ongoing process
- Continue to support WRAP trainings in coordination with the local recovery centers.
- Support anti-stigma initiatives in the community by participating in community events and school activities to educate and demonstrate the positives of recovery.
- Continue to support the Recovery for Shore group to provide community recovery activities.

Objective 2: Promote the voluntary continuing care program as part of the recovery continuum at the Talbot County Addictions Program in order to maintain contact with, and assist, individuals – post treatment and in recovery– who wish to maintain an ongoing relationship with their counselor for support. This contact will help identify and resolve developing problems or barriers that increase the risk for relapse and allow rapid reengagement in treatment services, if necessary.

Performance Target:

- Monitor implementation of the Continuing Care program on an ongoing basis. Continuing Care program is managed by the peer recovery specialists and has continued to assist discharged clients with their recovery.
- Utilize the Recovery Centers as an integral part of continuing care and the role they offer in relapse prevention and support

Objective 3: Advocate for the continued development and expansion of recovery support services in the jurisdiction in collaboration with the Care Coordinator, Peer Recovery Support Specialists, and the Recovery Wellness Center, i.e. Chesapeake Voyagers

Performance Target:

- Utilize partnership with the Recovery Center by facilitating access to Recovery Services in the center.
- Provide recovery bed funding for local individuals, assess their needs, and offer referrals to appropriate recovery houses, provide care coordination as needed.
- Work with providers to expand recovery bed housing in the community, especially recovery housing for women, and women with children.
- Assist with providing WRAP facilitation groups with the local recovery centers. Increase resiliency of those at risk for misuse and abuse.
- Work with the local hospital to make peer recovery support available in the Emergency Department and other departments.
- Work with other providers in the jurisdiction to assist with peer recovery support as needed.
- Work with the Detention Center to provide Peer Recovery Support to inmates.
- Work to provide care coordination services to those individuals utilizing public funding for ASAM Level III.7 inpatient detox/residential services and utilizing the Buprenorphine Initiative funding.
- Identify individuals at risk for high-utilization of public funding and offer these individuals Care Coordination and Peer Recovery Support/Recovery Coaching.
- Assist those with tobacco use to obtain tobacco cessation services in the jurisdiction.
- Identify individuals with gambling problems and assist them with needed services
- Chesapeake Voyager and TCAP will continue to host Family Night at the center.

Objective Four: Provide urgent care appointments for those in crisis situations seeking services or being referred by others in the community

Performance Target:

- Provide an urgent care appointment slot each day in coordination with the local crisis response hotline.

- Work with the CSA Integration workgroup to expand the use of SBIRT in the local Emergency Department and primary care providers, Ob/Gyn doctors and pediatricians.
- Work with BHA to provide urgent care appointments for the statewide crisis response hotline.
- Work with Mosaic to provide assessment and referral appointments through their SBIRT program with Choptank, possibly utilizing the urgent care appointments through the crisis response helpline.
- Work with the state to develop a program of receiving contact information from Emergency Medical Services on those who were administered NARCAN and who responded from the medication. These individuals will be contacted by our peer recovery specialists who will attempt to engage them in recovery.
- Work with the Sheriff's Department to receive contact information on individuals with substance problems. These individuals will be contacted for follow-up by the Health Department peer support specialists.

Objective Five: Provide services to lower the risk for opioid misuse and overdose in the jurisdiction.

Performance Target:

- Provide overdose education to those with a history of opioid use
- Provide NARCAN administration training to organizations and to the public who may be exposed to overdose situations.
- Offer NARCAN assistance to those unable to obtain NARCAN
- Work to lower the risk of individuals starting to use/misuse opioids, including the use of “gateway” substances.
- Promote the use of the drug drop boxes in the jurisdiction
- Promote and enhance Prescription Monitoring Program (to address use of multiple pharmacies, overprescribing, and “doctor shopping”).
- Offer information on medications and treatment services for medication assisted therapies in the jurisdiction, services that include Vivetrol, Buprenorphine, and Methadone.
- Promote the availability of individualized treatment and recovery services available within programs in the community
- Promote training for physicians related to addictions, best practices for withdrawal plans, and the prescribing of opioid medications
- Work to improve patient education in pharmacies, medical, and dental offices
- Promote the general education regarding proper disposal of opioids and other medications
- Work to improve education regarding prescription addiction and Heroin addiction in terms of harm
- Work with the Detention Center and sub-vendor Eastern Shore Psychological to promote the education of high-risk individuals on overdose, the medications for opioid use disorders, and the resources in the community.
- Close coordination with Parole and Probation to provide services as soon as possible to those recently released from the criminal justice system who have a history of Substance Use Disorder.
- Promote the awareness of the Good Samaritan Law.
- Continue to evaluate the need for an Opioid Fatality Review Team

Objective Six: Identify gaps in treatment and recovery services available in the community; work to provide these services or assist with making them available in the community.

Performance Target:

- Work with Mid-Shore Mental Health Systems Integration Workgroup to support integrated substance use, mental health, and primary medical services within the jurisdiction.
- Work to promote/provide services for adolescents, transitional age youth, older adults, veterans, HIV infected, and LGBTQ individuals seeking services within the jurisdiction.
- Work with the state to increase capacity for detox, residential, and PHP levels of care.
- Work with local clinics to increase the availability of suboxone and vivetrol, and the adequate availability of counseling